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15 THE S. AUREUS FIBRINOGEN BINDING PROTEIN GENE

Field of the Invention

20 The invention relates to the isolation of the fibrinogen binding protein gene from Staphylococcus aureus and to the use of the fibrinogen binding protein and antibodies generated against it for wound healing, blocking adherence to indwelling medical devices, immunisation or diagnosis of infection.

25 **Background of the Invention**

30 In hospitalised patients Staphylococcus aureus is an important cause of infections associated with indwelling medical devices such as catheters and prostheses (Maki, 1982; Kristinsson, 1989) and non-device related infections of surgical wounds. A recent significant increase in isolates from European and US hospitals which are resistant to several antibiotics and the potential threat of emergence of vancomycin resistance in S. aureus has reinforced the importance of developing alternative prophylactic or vaccine strategies to decrease the risk of
35 nosocomial infections due to S. aureus.

Initial localised infections can lead to more serious invasive infections such as septicaemia and endocarditis. In infections

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associated with medical devices, plastic and metal surfaces become coated with host plasma and matrix proteins such as fibrinogen and fibronectin shortly after implantation (Baier, 1977; Kochwa et al., 1977; Cottonaro et al., 1981). The ability of S. aureus to adhere to these proteins is believed to be a crucial determinant for initiating infection (Vaudaux et al., 1989, 1993). Vascular grafts, intravenous catheters, artificial heart valves and cardiac assist devices are thrombogenic and are prone to bacterial colonization. S. aureus is the most damaging pathogen of such infections.

Fibrin is the major component of blood clots and fibrinogen/fibrin is one of the major plasma proteins deposited on implanted biomaterial. There is considerable evidence that bacterial adherence to fibrinogen/fibrin is of importance in initiation of device related infection. (i) S. aureus adheres to plastic coverslips coated in vitro with fibrinogen in a dose-dependent manner (Vaudaux et al., 1989) and to catheters coated in vitro with fibrinogen (Cheung and Fischetti, 1990). (ii) The organism binds avidly via a fibrinogen bridge to platelets adhering to surfaces in a model that mimics a blood clot or damage to a heart valve (Herrmann et al., 1993). (iii) S. aureus can adhere to cultured endothelial cells via fibrinogen deposited from plasma acting as a bridge (Cheung et al., 1991). This suggests that fibrinogen could have a direct role in promoting invasive endocarditis. (iv) Mutants defective in a global regulatory gene sar have reduced adherence to fibrinogen and have reduced infectivity in a rat endocarditis infection model (Cheung et al., 1994). While this is indicative of a role for adherence to fibrinogen in initiating endocarditis it is by no means conclusive because sar mutants are pleiotropic and could also lack other relevant factors.

A receptor for fibrinogen often called the "clumping factor" is located on the surface of S. aureus cells (Hawiger et al., 1978, 1982). The interaction between bacteria and fibrinogen in solution results in instantaneous clumping of bacterial cells. The binding site for clumping factor of fibrinogen is located in the C-terminus of the gamma chain of the dimeric glycoprotein. The affinity for the fibrinogen receptor is very high (K_d 9.6×10^{-9} M) and clumping occurs in low concentrations of fibrinogen. It is assumed that clumping factor also

promotes bacterial adhesion to solid-phase fibrinogen and to fibrin.

Clumping factor has eluded previous attempts at molecular characterisation. Reports of attempts to purify clumping factor described molecules with molecular masses ranging from 14.3kDa to 420kDa (Duthie, 1954; Switalski, 1976; Davison and Sanford, 1982; Espersen et al., 1985; Usui, 1986; Chhatwal et al., 1987; Lantz et al., 1990) but none were followed up with more detailed analysis. Fibrinogen is often heavily contaminated with IgG and fibronectin and unless specific steps were taken to eliminate them these studies must be suspect.

More recently it has been shown that S. aureus releases several proteins that can bind to fibrinogen (Boden and Flock, 1989, 1992, 1994; Homonylo McGavin et al., 1993). One of these is probably the same as the broad spectrum ligand binding protein identified by Homonylo McGavin et al., (1993). Another is coagulase (Boden and Flock, 1989), a predominately extracellular protein that activates the plasma clotting activity of prothrombin. Coagulase binds prothrombin at its N-terminus and also interacts with fibrinogen at its C-terminus (McDevitt et al., 1992). However, a hypothesis that the cell-bound form of coagulase is the clumping factor was disproved when coagulase-defective mutants were shown to retain clumping factor activity (McDevitt et al., 1992). There is no evidence that the fibrinogen binding region of any of these proteins is exposed on the bacterial cell surface and consequently there is no evidence that any is clumping factor.

Object of the Invention

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An object of the present invention is to obtain a minimal fibrinogen binding protein. A further objective is to obtain said protein by means of a genetic engineering technique by using e.g. a plasmid comprising a nucleotide sequence coding for said protein. A further objective is to obtain said protein by chemical synthesis. An additional objective is to generate antisera against said protein.

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Summary of the Invention

The present invention relates to an isolated fibrinogen binding protein gene from S. aureus, particularly the DNA molecule having the sequence
5 shown in Figure 2, or a substantially similar sequence also encoding S. aureus fibrinogen binding protein.

The invention also relates to hybrid DNA molecules, e.g. plasmids comprising a nucleotide sequence coding for said protein. Further the
10 invention relates to transformed host micro-organisms comprising said molecules and their use in producing said protein. The invention also provides antisera raised against the above fibrinogen binding protein and vaccines or other pharmaceutical compositions comprising the S. aureus fibrinogen binding protein. Furthermore the invention provides
15 diagnostic kits comprising a DNA molecule as defined above, the S. aureus fibrinogen binding protein and antisera raised against it.

By "substantially similar" is meant a DNA sequence which by virtue of the degeneracy of the genetic code is not identical with that shown in
20 Figure 2 but still encodes the same amino-acid sequence; or a DNA sequence which encodes a different amino-acid sequence which retains fibrinogen binding protein activity either because one amino-acid is replaced with another similar amino-acid or because the change (whether it be substitution, deletion or insertion) does not affect the active
25 site of the protein.

Drawings

The invention will be described further with reference to the drawings
30 in which there is shown:

Figure 1. Adherence of S. aureus Newman strains to fibrinogen-coated PMMA coverslips. The number of adherent bacteria is shown as a function of fibrinogen adsorbed on the coverslip. The symbol for
35 Newman wild type is IIIIXIII. Symbols for Newman mutant strains are as follows: mutant 1, -□-; mutant 2, -△-; mutant 3, -◇-; mutant 4, -▽-. Symbols for Newman mutants carrying pCF16 are as follows: mutant 1, -■-; mutant 2, -▲-; mutant 3, -◆-; mutant 4, -▼-. The number of bacterial cells bound is shown as CFU (mean +/- range, n=2). In points where

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range bars are not visible, the bars are smaller than the symbols.

Figure 2. (A) Nucleotide and deduced amino acid sequence of the clfA gene of Staphylococcus aureus strain Newman. The sequence has been lodged in the EMBL Data Library under the accession number Z18852 SAUCF. Putative -35, -10, ribosome binding site (RBS) and transcriptional stop regions are indicated on the nucleotide sequence. For the ClfA protein, the start of the signal peptide (S), non repeat region (A), repeat region (R), wall-spanning region (W) and membrane spanning region (M) are indicated by horizontal arrows. The LPXTG motif is underlined.

(B) Schematic diagram showing the domain organization of the ClfA protein. S, signal peptide; A, non-repeat region; R, repeat region; W, wall region; M, membrane spanning region and +, positively charged residues. The position of the LPXTG motif is indicated.

Figure 3. Proteins purified from E. coli TBl expressing pCF17. A DNA fragment corresponding to the N-terminal half of ClfA (residues 23-550; Region A) was generated by PCR and cloned in-frame into the expression vector pKK233-2 to generate pCF17. The N-terminal sequence was deduced for the three fibrinogen binding proteins (105kDa, 55 kDa and 42kDa) purified from an induced culture of E. coli carrying pCF17 (Table 1) and the location of each with respect to the A domain and amino acids represented are indicated. Recombinant proteins which possess fibrinogen binding activity are denoted by ++.

Figure 4. Western affinity blotting analysis of fibrinogen binding proteins from E. coli TBl expressing pCF17. Samples were fractionated by SDS-PAGE, transferred to nitrocellulose membranes and probed with fibrinogen labelled with horseradish peroxidase (HRP). 100 micro g of E. coli pCF17 induced lysate (Lane 1), 5 micro g of proteins purified, from the fibrinogen-Sepharose column and 1 micro g of purified 42kDa protein. Sizes are in kDa.

Figure 5. Inhibition of adherence of strain Newman Δ spa to fibrinogen-coated PMMA coverslips by anti-ClfA sera and preimmune sera. The symbol for anti Region A serum N2 is \blacksquare and the symbol for preimmune serum N2 is \square . The symbol for anti Region RWM serum C2 is \bullet . The percentage inhibition is shown as mean \pm range, n=2. In

points where range bars are not visible, the bars are smaller than the symbols.

Figure 6. Localization of the fibrinogen binding domain of ClfA. DNA fragments corresponding to the different segments of clfA were generated by PCR and cloned in-frame into the fusion protein expression vector pGEX-KG. ClfA truncates were expressed as fusion proteins with glutathione S-transferase. The location of the clfA gene fragments, the amino acids represented and the length of the protein amplified are also indicated. The properties of the recombinant proteins are indicated. Proteins were assessed for (a) ability to bind to fibrinogen in the affinity blotting assay (binds fg), (b) the ability of lysates to inhibit the clumping of bacteria in soluble fibrinogen (inhibits clumping), (c) the ability of lysates to inhibit the adherence of bacteria to solid-phase fibrinogen (inhibit adherence), and (d) the ability of lysates to block neutralising antibodies (blocks Abs). ++, positive reaction; -, negative; ND, not done.

Figure 7. (A) Inhibition of adherence of S. aureus Newman to fibrinogen-coated coverslips by lysates containing ClfA truncates. Symbols are E. coli pCF24 uninduced lysate -△-, E. coli pCF24 induced lysate -▲-, E. coli pCF25 uninduced lysate -□-, E. coli pCF25 induced lysate -■-. The percentage inhibition is shown as mean +/- range, n=2. In points where range bars are not visible, the bars are smaller than the symbols.

(B) Inhibition of adherence of S. aureus Newman to fibrinogen-coated coverslips by lysates containing ClfA truncates. Symbols are E. coli pCF27 lysate -■-, E. coli pCF28 lysate -●-, E. coli pCF29 lysate -▲-, E. coli pCF30 lysate -▼-, E. coli pCF31 lysate -◆-. The percentage inhibition is shown as mean +/- range, n=2. In points where range bars are not visible, the bars are smaller than the symbols.

Figure 8. Western immunoblotting of ClfA proteins. Proteins released from the cell wall of S. aureus strains Newman (lane 3) and Newman clfA (lane 4), and proteins expressed by E. coli TBl pCF3 (carrying the cloned clfA gene, lane 2) and by E. coli TBl without the plasmid (lane 1), were studied by Western immunoblotting with anti-ClfA antibodies. Approximately 100 micro g of protein was loaded for each sample. Sizes are in kDa.

Figure 9. S. aureus strains were studied by immunofluorescence with anti-ClfA N2 serum. Newman Δ spa::Tc^r cells (+) and Newman Δ spa::Tc^r clfA::Tn917 cells (-).

- 5 Figure 10. Adherence of S. aureus Newman strains to PMMA coverslips coated in vitro with fibrinogen. The number of adherent bacteria is shown as a function of fibrinogen adsorbed on the coverslip. The symbols are, Newman wild type, -○- ; Newman clfA::Tn917, -●-. The number of bacterial cells bound is shown as c.f.u. (mean +/- range, n=2). In points where range bars are not visible, the bars are smaller than the symbols.

- 15 Figure 11. Adherence of S. aureus Newman strains onto segments of ex vivo polymer tubing exposed to canine blood. Adherence was tested to both ex vivo polyvinylchloride (PVC) and to ex vivo polyethylene (PE). The symbols are, Newman wild type, -○- ; Newman clfA::Tn917, -●-. The number of bacterial cells bound is shown as c.f.u. (mean +/- range, n=2). In points where range bars are not visible, the bars are smaller than the symbols.

- 20 Figure 12. Adherence of S. aureus 8325-4 strains onto segments of ex vivo polymer tubing exposed to canine blood. Adherence was tested to both ex vivo polyvinylchloride (PVC) and to ex vivo polyethylene (PE). The symbols are: 8325-4 wild type, -□-; 83254 clfA::Tn917, -■-; 8325-4 clfA::Tn917 (pCF4), -◻-. The number of bacterial cells bound is shown as c.f.u. (mean +/- range, n=2). In points where range bars are not visible, the bars are smaller than the symbols.

Cloning and sequencing the clumping factor gene

- 30 In view of the difficulties mentioned above with (i) obtaining pure fibrinogen, (ii) the discrepancies in reported molecular weight of "clumping factor" and (iii) the diversity of different fibrinogen binding proteins, a different approach was taken to identify the
- 35 clumping factor gene involving isolating insertion mutants that inactivated the clumping phenotype. This has been described in detail by McDevitt et al., (1994).

Transposon Tn917 (Tomich et al., 1980) was used to generate insertion mutants that eliminated the fibrinogen clumping phenotype of S. aureus strain Newman. The temperature sensitive plasmid pTV1ts which carries Tn917 (Youngman, 1985) was transferred into strain Newman and several
5 transposon insertion banks were isolated by growing cultures at 43⁰ in broth containing erythromycin (to select for Tn917 after plasmid elimination). Cultures of the banks were mixed with fibrinogen, the agglutinated cells were removed and the surviving cells in the supernatants were screened for clumping factor-deficient mutants. Four
10 mutants were isolated from separate banks. The Tn917 elements were transduced into a wild-type Newman host with phage 85. In each case all the transductants screened had inherited the clumping factor deficiency proving that the Tn917 insertions caused the mutant phenotypes. The clumping factor mutants expressed the same level of
15 coagulase as the wild-type strain, further supporting the conclusion that clumping factor and coagulase are distinct entities.

The mutants were analyzed by Southern hybridization using an internal fragment of Tn917 as a probe in order to identify HindIII junction
20 fragments comprising transposon and flanking chromosomal sequences. A junction fragment from one mutant was cloned using standard techniques in plasmid vector pUC18 (Yanisch Perron et al., 1985). A fragment comprising only chromosomal DNA flanking the transposon was isolated from this plasmid and used in turn as a probe in a Southern blot of
25 genomic DNA of Newman wild-type and each of the mutants. A HindIII fragment of 7kb that hybridized in Newman wild-type was missing in each of the mutants. Genomic DNA of Newman wild-type was cleaved with HindIII and ligated with plasmid pUC18 cut with the same enzyme and transformed into E. coli TBI (Yanisch-Perron et al., 1985).
30 Transformants were screened by colony hybridisation using the junction fragment probe. Plasmid pCF3 (pUC18 carrying the 7kb HindIII fragment) was isolated. Plasmid pCF3 was deposited at the
on _____ under the Accession No. _____, such
deposit complying with the terms of the Budapest Treaty.

35 The 7kb HindIII fragment was subcloned into pCL84, a single copy non-replicating vector which integrates into the chromosome of S. aureus (Lee et al., 1991), forming pCF16. pCF16 was transformed into S. aureus strain CYL316 (Lee et al., 1991) selecting for tetracycline

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resistance. The integrated plasmid was then transduced with phage 85 into each of the Newman clf mutants. In a microtitre clumping assay the Newman mutants were completely devoid of activity even at the highest concentrations of fibrinogen, whereas the wild-type had a titre of 2048 and could interact productively with very low concentrations of fibrinogen. The integrated single copy plasmid pCF16 restored the clumping activity of each of the mutants to the same level as that of the parental strain. Thus the HindIII fragment must express a functional protein which complements the clumping deficiency of the mutants.

S. aureus Newman adhered to solid-phase fibrinogen coated onto polymethylmethacrylate (PMMA) coverslips in a concentration dependent manner (Figure 1). Each clf mutant showed drastic reduction in adherence. This was restored to the level of the parental strain by pCF16. This data shows that the ability of Newman to form clumps in soluble fibrinogen correlates with bacterial adherence to solid-phase fibrinogen.

Fragments from the 7kb HindIII fragment in pCF3 were subcloned into pGEM7 Zf(+) (Promega). The smallest fragment which still expressed the fibrinogen binding activity was a 3.5kb HindIII-KpnI fragment. The DNA sequence of this fragment was obtained using standard techniques and has been lodged in the EMBL Data Library under the accession number Z18852 SAUCF. A single open reading frame of 2799 bp was identified (Figure 2A). The orf is called clfA and the gene product the ClfA protein. The predicted protein is composed of 933 amino acids (molecular weight 97,058 Da). A putative signal sequence of 39 residues was predicted. The predicted molecular weight of the mature protein is 92kDa. Following the signal sequence is a region of 520 residues (Region A) which precedes a 308 residue region (region R) comprising 154 repeats of the dipeptide serine-aspartate (Figure 2A and 2B). The C terminus of ClfA has features present in surface proteins of other Gram positive bacteria (Schneewind et al., 1993) that are responsible for anchoring the protein to the cell wall and membrane: (i) residues at the extreme C-terminus that are predominantly positively charged, (ii) a hydrophobic region which probably spans the cytoplasmic membrane and (iii) the sequence LPDTG which is homologous to the consensus sequence LPXTG that occurs in all wall-associated

proteins of Gram positive bacteria. This strongly suggests that ClfA is a wall-associated protein and that the N terminal part is exposed on the cell surface.

- 5 It is not obvious from the primary structure of ClfA or by comparison of ClfA with other ligand binding proteins of *S. aureus* (fibronectin binding protein, Signas et al., 1989; collagen binding protein, Patti et al., 1992) which part of ClfA interacts with fibrinogen.

10 Results

(1) Purifying the N-terminal half of the fibrinogen receptor (ClfA)

- A DNA fragment corresponding to the N-terminal half of ClfA (residues
15 23-550; Region A) was generated by polymerase chain reaction (PCR) and cloned in-frame into the expression vector pKK233-2 (Amann and Brosius, 1985) to generate pCF17 (Figure 3). Expression of recombinant Region A was induced by adding isopropyl Beta-D-thiogalactoside (IPTG) to exponential cultures. Induced cultures contained two proteins of
20 105kDa and 55kDa which reacted with fibrinogen in a Western ligand blotting assay (Figure 4, lane 1). A fibrinogen-Sepharose 4B column was made by the method recommended by the manufacturer (Pharmacia). A sample of an induced culture containing these fibrinogen binding proteins was passed into the fibrinogen Sepharose 4B column. Four
25 proteins were eluted: -105kDa, 55kDa, 42kDa and 75kDa (trace amounts). In a separate purification experiment, the 42kDa protein was purified to homogeneity. Only the 105kDa, 55kDa and 42kDa proteins bound to fibrinogen in the Western ligand blotting assay (Figure 4, lanes 2 and 3). The N-terminal sequence of these proteins was determined
30 (Table 1). The 75kDa protein was present in trace amounts (1-2pmoles) and is not related to ClfA. The three predominant proteins bound to fibrinogen in the Western blotting assay and are related to the region A (see Figure 3). The 105kDa protein represents the intact Region A while the 55kDa and 42kDa proteins are breakdown products. The
35 apparent molecular weights of the native region A and breakdown products of region A are much higher than that predicted from the DNA sequence (Table 1).

(2) Antibodies to the Region A of the ClfA protein (residues 23-550)

A rabbit was immunised with 30 micro g of a mixture of the 105kDa, 75kDa, 55kDa and 42kDa proteins along with Freund's complete adjuvant.

- 5 The immune sera was called N2. One rabbit was also immunised with 18 micro g of the purified 42kDa ClfA truncate and the immune serum for this was called N3. Bacterial interaction with fibrinogen can be measured by a quantitative clumping titration assay (Switalski, 1976). In this assay, doubling dilutions of a fibrinogen solution (1mg/ml) are
10 mixed in a microtitre dish with a suspension of 2×10^7 cells for 5 min with gentle shaking. A standard clumping concentration of fibrinogen was defined as 2X the titre. To this was added varying amounts of the anti-ClfA serum to measure the minimum inhibitory concentration that stops the clumping reaction (Table 2). Both N2 and
15 N3 sera were potent inhibitors of the clumping of bacteria. Preimmune sera did not inhibit the clumping of bacteria. N2 sera also had a potent inhibitory activity on bacterial adhesion to surface-bound fibrinogen in the coverslip assay (McDevitt *et al.*, 1992, 1994), expressing 95% inhibition at 1 micro g protein/ml (Figure 5).
20 Preimmune sera did not have any inhibitory activity even at a protein concentration of 100 micro g/ml (Figure 5). In addition, antisera raised against regions R, W and M (C2) (see section 4 below) failed to inhibit adherence even at 100 micro g/ml (Figure 5).

25 (3) Localisation of the fibrinogen binding domain of the ClfA protein

- DNA fragments corresponding to the Region A of ClfA (residues 23-550) and C terminal regions R,W and M (residues 546-933) were generated by PCR (standard conditions,) and cloned in-frame into the fusion protein
30 expression vector pGEX-KG (Guan and Dixon, 1991) to generate pCF24 and pCF25 respectively (see Figure 6). These ClfA truncates were expressed as fusion proteins with glutathione S-transferase. An induced lysate of *E. coli* pCF24 (residues 23-550) expressed a fusion protein that bound to fibrinogen in a Western affinity blotting assay with
35 peroxidase labelled fibrinogen (Figure 6). In addition, this lysate inhibited the clumping of bacteria with soluble fibrinogen in the clumping assay (Table 3 and Figure 6) and also inhibited the adherence of bacteria to immobilised fibrinogen in the coverslip assay in a dose dependent fashion (Figure 7A). A lysate of *E. coli* pCF25 (residues

546-933) induced with IPTG expressed a fusion protein that failed to bind to fibrinogen in the Western blotting assay (Figure 6). In addition, this lysate did not inhibit the clumping of bacteria in the clumping assay (Table 3) and did not inhibit adherence to immobilized fibrinogen in the adherence assay (Figure 7A). Uninduced lysates from both pCF24 and pCF25 failed to inhibit both clumping and adherence (Table 3 and Figure 7A).

A synthetic peptide (SDSDSDSDSDGGGC) designed to mimic the C-terminal repeat region of ClfA failed to inhibit the clumping of bacteria in the clumping assay when up to 107 micro g/ml was tested. In addition, the synthetic peptide failed to inhibit the adherence of bacteria in the adherence assay even at a concentration of 100 micro g/ml. Taken together, this data suggests that the fibrinogen binding domain of ClfA is located in the A domain rather than in the regions R, M, and W. It confirms the data in Table 1 which dealt with purifying fibrinogen binding proteins expressed from pCF17 and also suggests that an N-terminal ClfA protein can act both as a potent inhibitor of cell clumping in fibrinogen and also as a potent inhibitor of the adherence of bacteria to fibrinogen coated surfaces.

The fibrinogen binding domain was further localised within region A. Segments of region A were amplified by PCR and cloned into the pGEX-KG vector. Lysates from IPTG-induced cultures were examined for the presence of fibrinogen binding fusion proteins, for the ability to inhibit the clumping of bacteria in the fibrinogen clumping assay and for the ability to inhibit adherence to immobilised fibrinogen in the adherence assay. The fusion protein of pCF31 (residues 221-550) was the smallest truncate that still expressed a fibrinogen binding activity (Figure 6). It is almost identical in composition to the purified 42kDa protein (residues 219-550) described above. The fusion proteins from pCF27, pCF28, pCF29 and pCF30 all failed to bind to fibrinogen in the Western affinity blotting assay, despite reacting with antibodies generated against the A domain of ClfA (Figure 6). In addition, a lysate containing the fusion protein expressed by pCF31 was the only one to inhibit the fibrinogen clumping reaction (Table 3) and to inhibit the adherence of bacteria to immobilised fibrinogen in the adherence assay (Figure 7B). These results suggest that the fibrinogen binding site is quite extensive or that its correct conformation is

determined by flanking sequences.

An antibody neutralisation assay was adopted to help localise further the active site within residues 221-550. This assay was conducted with a protein A negative deletion mutant of S. aureus strain Newman (Patel et al., 1987) to prevent non specific reaction with IgG. Polyclonal antibodies raised against the A region of ClfA (N2) inhibited the clumping of bacteria in soluble fibrinogen (see section 2 above). In the standard clumping assay with the clumping concentration at 2X the titre, the concentration of lysates that blocked the inhibitory activity of 4.68 micro g of serum (2X the inhibitory concentration, Table 2) was determined. The lysates containing ClfA fusion proteins were assayed for their ability to neutralise the inhibiting activity of the antibodies. Truncates containing the active site might be able to adsorb out antibodies generated against the active site and thus neutralise the blocking effect on cell clumping. The lysates containing proteins expressed by pCF24 and pCF31 neutralised the inhibiting activity of the antibodies while a lysate containing the fusion protein expressed by pCF25 (Region R,W and M) did not inhibit (Table 4). Lysates containing small fusion proteins expressed by pCF30 were able to neutralise the inhibiting activity of antibodies while lysates containing fusion proteins expressed by pCF27 and pCF29 had no such activity (Table 4). Taken together this suggested that the active site is located in a 218 residue region between residues 332 and 550.

(4) Antibodies to the C-terminal half of the ClfA protein (residues 546-933)

The fusion protein present in a lysate of E. coli pCF25 (residues 546-933) induced with IPTG was purified to homogeneity by using glutathione sepharose-affinity chromatography as described by Guan and Dixon, (1991). A rabbit was immunised with 20 micro g of the fusion protein along with Freund's complete adjuvant. The immune sera was called C2. This serum failed to inhibit the clumping of bacteria in the clumping assay (Table 2) and also failed to inhibit bacterial adhesion to surface bound fibrinogen in the coverslip assay even at 100 micro g/ml (Figure 5).

(5) Identification of the native fibrinogen receptor

Proteins released from the cell wall of S. aureus strains and a lysate of E. coli expressing the cloned clfA gene were studied by Western immunoblotting with anti ClfA antibodies in order to identify ClfA protein(s). A lysate of E. coli TB1 (pCF3) (carrying the cloned clfA gene) contained several immunoreactive proteins (Figure 8, lane 2). The largest of these was ca. 190kDa. The smaller proteins are probably derivatives caused by proteolysis. S. aureus strain Newman also expresses a ca. 190kDa immunoreactive protein (Figure 8, lane 3). A smaller immunoreactive protein of ca. 130kDa was also detected and is probably also caused by proteolysis. Despite the presence of protease inhibitors and studying proteins released from cells harvested at different stages in the growth cycle (from mid-exponential to late stationary), two proteins of these sizes were always present (data not shown). Both proteins were absent in extracts of the clumping factor negative transposon insertion mutant of Newman (Figure 8, lane 4) indicating that they are products of the clfA gene.

Previously we reported the size of the ClfA protein to be ca. 130kDa (McDevitt et al., 1994) in an affinity blotting assay with fibrinogen and peroxidase labelled anti-fibrinogen antibodies. Our current immunoblotting assay is much more sensitive than the affinity blotting assay. In addition, we now know that the ClfA protein is very sensitive to degradation. Indeed the predominant immunoreactive protein detected in samples from both E. coli TB1 (pCF3) and S. aureus strain Newman which have been frozen and thawed more than twice is 130kDa indicating that the ca. 190kDa protein is labile (data not shown). Thus, the ca. 130kDa protein detected in the affinity blotting assay is most probably a smaller derivative of ClfA. The apparent size of the native ClfA protein of strain Newman appears to be ca. 190kDa. This is double that predicted from the DNA sequence, but this might be due to the unusual structure and is consistent with the aberrantly high apparent molecular weight of recombinant proteins (Table 1). The recombinant N-terminal Region A protein expressed by E. coli pCF17 also had an unexpectedly high apparent molecular weight.

(6) Surface localization of the ClfA protein by immunofluorescent microscopy

Anti-ClfA region A sera (N2) was used to confirm that Region A of ClfA is exposed on the bacterial cell surface. Protein A-deficient mutants of Newman and Newman clfA::Tn917 (clumping factor transposon insertion mutant) were isolated by transducing the Δ spa::Tc^r mutation from 8325-4 Δ spa::Tc^r to strains Newman and Newman clfA::Tn917 using phage 85. Protein A-deficient mutants were used to prevent non-specific interaction with rabbit IgG. Cells from overnight cultures of strains Newman Δ spa::Tc^r and Newman Δ spa::Tc^r clfA::Tn917 were diluted to As60 = 0.6-1.0 and fixed to glass slides using gluteraldehyde. The slides were then incubated in anti-ClfA region A serum (N2, 1 in 200) followed by fluorescein conjugated swine anti-rabbit serum (Dakopatts, 1 in 40). The cells were studied for fluorescence by microscopy (Nowicki et al., 1984). Newman Δ spa::Tc^r cells fluoresced while Newman Δ spa::Tc^r clfA::Tn917 cells did not (Figure 9). This confirmed that region A of ClfA is exposed on the cell surface of wild-type Newman and that this ClfA protein is absent in the clumping factor deficient mutant.

(7) Role of the fibrinogen receptor in adherence to in vitro- and ex vivo-coated polymeric biomaterials

A mutant of strain Newman defective in the clumping factor (clfA1::Tn917) and a complemented mutant bearing pCF16 were studied for adherence properties to biomaterials coated in vitro with fibrinogen and to ex vivo biomaterial. A canine arteriovenous shunt has been developed as a model to study plasma protein adsorption onto intravenous catheters from short-term blood-biomaterial exposures and to identify host proteins promoting adhesion of Staphylococcus aureus (Vaudaux et al., 1991).

S. aureus strain Newman adheres strongly (in a concentration dependent fashion) to polymethylmethacrylate (PMMA) coverslips coated in vitro with canine fibrinogen (Figure 10). In contrast, the fibrinogen receptor mutant was significantly defective (>95%) in its ability to adhere to the canine fibrinogen coated coverslips (Figure 10). In the

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ex vivo model, either polyethylene or polyvinyl chloride tubing was exposed to canine blood for 5, 15 or 60 min at a flow rate of 300 ml/min, then flushed in phosphate buffered saline (PBS), cut into 1.5 cm segments and preincubated in 0.5% albumin in PBS to prevent non-specific staphylococcal attachment. Then, each segment was incubated with 4×10^6 CFU/ml of [3H]thymidine-labelled S. aureus for 60 min at 37°C in an in vitro adherence assay. When compared with the wild-type strain Newman, the fibrinogen receptor mutant strain showed a strong decrease (>80%) in attachment to ex vivo polyvinyl chloride and polyethylene tubings (Figure 11). In addition, strain 8325-4 (which binds poorly to fibrinogen-coated coverslips in vitro and to the ex vivo polymer tubings) showed a significant increase in its ability to adhere to the two different ex vivo polymer tubings when complemented with a plasmid (pCF4) expressing the fibrinogen receptor gene (Figure 12).

The data shows that fibrinogen is the major plasma protein in a short-term blood material interaction to promote staphylococcal adherence and the possession of the fibrinogen receptor is a major determinant in the ability of S. aureus to adhere to ex vivo biomaterials.

(8) Role of the fibrinogen receptor in the pathogenesis of experimental endocarditis

S. aureus strain Newman, the fibrinogen receptor mutant strain of Newman (clfA::Tn917) and a fibrinogen receptor mutant complemented with the clfA+ integrating plasmid pCF16 were compared in a previously described model of experimental endocarditis (Garrison and Freedman, 1970). This rat model investigates the early events in experimental endocarditis with catheter-induced aortic vegetations (Veg). Groups of >/-8 rats were challenged with an inoculum that resulted in 90% of vegetations being colonised by the wild-type organism (ID90). Animals were injected intravenously with the same inocula of Newman clfA and Newman clfA (pCF16). Animals were killed 12 hours after inoculation and quantitative cultures of the blood, spleen and Veg were performed. Table 5 shows the percentage of rats infected.

- The data show that a mutant lacking the fibrinogen receptor was significantly less able to infect the catheter-induced aortic vegetations (decrease of 49%) when compared with the wild type strain Newman. In addition, the complemented strain had restored
- 5 infectivity. The fact that all three strains infected the spleens with similar numbers suggests that the presence or absence of the fibrinogen receptor interfered specifically with bacterial colonisation of the catheter-induced aortic vegetation.
- 10 This model strongly implicates the fibrinogen receptor as an important adhesin in the pathogenesis of S. aureus endocarditis and other cardiovascular infections associated with intravenous catheters, artificial heart valves and intravenous shunts.
- 15 Uses of the invention
1. The fibrinogen binding protein or fragment containing the fibrinogen binding region can be used as a vaccine to protect against human and animal infections caused by S. aureus. For example, the
- 20 fibrinogen binding protein or fragment containing the fibrinogen binding region can be used as a vaccine to protect ruminants against mastitis caused by S. aureus infections.
2. Polyclonal and monoclonal antibodies raised against the fibrinogen
- 25 binding protein or a fragment containing the fibrinogen binding domain can be used to immunise passively by intravenous injection against infections caused by S. aureus.
3. The fibrinogen binding protein or an active fragment can be
- 30 administered locally to block S. aureus from colonising and infecting a wound.
4. The antibody against the fibrinogen binding protein can be administered locally to prevent infection of a wound.
- 35 5. The fibrinogen binding protein or an active fragment or antibodies against the fibrinogen binding protein can be used to block adherence of S. aureus to indwelling medical devices such as catheters,

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replacement heart valves and cardiac assist devices.

6. The fibrinogen binding protein or an active fragment or antibodies
against the fibrinogen binding protein can be used in combination with
5 other blocking agents to protect against human and animal infections
caused by S. aureus.

7. The fibrinogen binding protein can be used to diagnose bacterial
infections caused by S. aureus strains. The fibrinogen binding protein
10 can be immobilised to latex or Sepharose (Trade Mark), and sera
containing antibodies are allowed to react; agglutination is then
measured.

8. The fibrinogen binding protein can be used in an ELISA test.
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9. DNA gene probe for the fibrinogen binding protein for ELISA tests.

10. Antibodies to the fibrinogen binding protein can be used to
diagnose bacterial infections caused by S. aureus strains.
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Table 1. ClfA proteins.

5	Protein mol. wt.		N-terminal sequence	ClfA residues
	apparent*	predicted@		
	105kDa	57kDa	VGTLIGFGLL	23-32
	75kDa	ND	GKIIGID	not related
10	55kDa	44kDa	MNQTSNETTFNDTNTV	143-157
	42kDa	36kDa	AVAADAPAAGTDITNQLT	220-237

Native ClfA

15 190kDa 92kDa

* determined from migration on SDS-PAGE and Western blotting.

@ predicted from the amino acid sequence

ND not determined.

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Table 2. Inhibition of clumping with anti-ClfA sera.

25	Sera	Inhibiting concentration* (micro g)
	N2	2.34
30	N3	2.34
	Preimmune N2	>300.00
	Preimmune N3	>300.00
	C2	>300.00
35		

* Average of 3 experiments.

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Table 3. Inhibition of clumping with lysates containing truncated ClfA proteins.

5	Lysate	Inhibiting concentration*
		(micro g)
	pCF24	9.37
	pCF25	>300.00
10	pCF24 Uninduced	>300.00
	pCF25 Uninduced	>300.00
	pCF27	>300.00
	pCF28	>300.00
	pCF29	>300.00
15	pCF30	>300.00
	pCF31	9.37

* Average of 3 experiments.

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Table 4. The ability of lysates to block the inhibiting effect of anti-ClfA N2 sera on cell clumping.

25	Lysate	Blocking concentration*
		(micro g)
	pCF24	1.17
	pCF25	>75.00
30	pCF27	>75.00
	pCF28	>75.00
	pCF29	>75.00
	pCF30	2.34
	pCF31	2.34

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* Average of 3 experiments.

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Table 5. Experimental endocarditis

5	% infected	Newman	Newman <u>clfA::Tn917</u>	Newman <u>clfA::Tn917</u> pCF16 <u>clfA</u> +
10	vegetation	84%	43%*	83%
	blood cultures	70%	30%*	50%
	spleen (x log CFU/g)	3.16	3.11	3.59

15 * p = 0.05 when compared to other groups

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